

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Matt Stillwell 15 ACCOUNT # (Ethics Commission Filers)

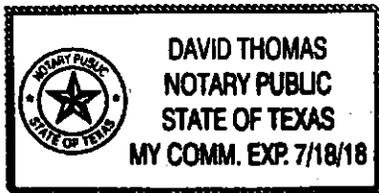
16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> additional pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3915.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 16360.23
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2699.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Matthew Stillwell

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Matthew Stillwell, this the 27 day of October, 20 14, to certify which, witness my hand and seal of office.

David Thomas

Signature of officer administering oath

David Thomas

Printed name of officer administering oath

Banker/Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **7**

2 FILER NAME
Math Stillwell

3 ACCOUNT # (Ethics Commission Filers)

4 Date
9/29/14

5 Full name of contributor out-of-state PAC (ID#: _____)
Randall Haines

6 Contributor address; City; State; Zip Code
**8810 Scotsman Drive
Austin TX 78750**

7 Amount of contribution (\$)
50⁰⁰

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)
Data Systems Tech

10 Employer (See Instructions)
AT&T

Date
10/1/14

Full name of contributor out-of-state PAC (ID#: _____)
Ron Jordan

Contributor address; City; State; Zip Code
**11607 Big Trail
Austin TX 78759**

Amount of contribution (\$)
50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Director of Special Projects

Employer (See Instructions)
Dennis Steel, Inc

Date
10/1/14

Full name of contributor out-of-state PAC (ID#: _____)
Herman Prager

Contributor address; City; State; Zip Code
**8600 N FM 620 #210
Austin TX 78726**

Amount of contribution (\$)
50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Adjunct Professor, Government

Employer (See Instructions)
ACC

Date
10/2/14

Full name of contributor out-of-state PAC (ID#: _____)
Kurt Hoffacker

Contributor address; City; State; Zip Code
**12206 West Cow Path
Austin TX 78727**

Amount of contribution (\$)
50⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Chemist

Employer (See Instructions)
Luminex Corp

Date
10/3/14

Full name of contributor out-of-state PAC (ID#: _____)
Kelly Henley

Contributor address; City; State; Zip Code
**12201 Conrad Rd
Austin TX 78727**

Amount of contribution (\$)
20⁰⁰

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)
Software Tester

Employer (See Instructions)
Sigpost

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Matt Stillwell		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 9/27/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patty Eason	7 Amount of contribution (\$) 50⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address: City: State: Zip Code 1401 S. College St Georgetown TX 78626		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) community Activist		10 Employer (See Instructions) none	
Date 9/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doris Sanchez	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 8106 Elkhorn Mtn Trl Austin TX 78727		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 9/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calandra & Bryan Bradford	Amount of contribution (\$) 100⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 12503 Turkey Ridge Austin TX 78727		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Electrical / Plumbing		Employer (See Instructions) SELF	
Date 9/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ethelynn Morlier	Amount of contribution (\$) 25⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 13313 Kingman Dr Austin TX		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired	
Date 9/28/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rick and Dede Jenkins	Amount of contribution (\$) 700⁰⁰	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 3903 Winding Creek Dr Austin TX 78735		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Berkshire Hathaway	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u>	
2 FILER NAME <u>Matt Stillwell</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10/5/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Thomas Welsz</u>	7 Amount of contribution (\$) <u>100.00</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>704 Murl Dr Irving TX 75062</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Real Estate</u>		10 Employer (See Instructions) <u>Self</u>	
Date <u>10/7/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Shelly Hohmann</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>10307 Holme Lacey Lane Austin TX 78750</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired Principal</u>		Employer (See Instructions) <u>Round Rock ISD</u>	
Date <u>10/8/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Norm Chafetz</u>	Amount of contribution (\$) <u>50.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>11000 Rustic Manor Lane Austin TX 78750</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Server</u>		Employer (See Instructions) <u>Pearson</u>	
Date <u>10/10/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mona Mehdy</u>	Amount of contribution (\$) <u>15.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>5004 Smokey Mountain Dr Austin TX 78727</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Professor</u>		Employer (See Instructions) <u>UT Austin</u>	
Date <u>10/14/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>David Anderson</u>	Amount of contribution (\$) <u>25.00</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>1515 Oxford Ave Austin 78704</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Consultant</u>		Employer (See Instructions) <u>Drenner Group</u>	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Matt Stillwell		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/14/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joshua Moore	7 Amount of contribution (\$) 35000	8 In-kind contribution description (if applicable)
6 Contributor address: City; State; Zip Code 3014 W. Wilm Cannon Austin TX 78745		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Student		10 Employer (See Instructions) None	
Date 10/17/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine Brown	Amount of contribution (\$) 20000	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 501 Lightsey Rd Austin TX 78704		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None	
Date 10/19/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caitlyn Taylor	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 501 Lightsey Rd 12301 Old Stage Trl Austin TX 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Firm Administrator		Employer (See Instructions) Davidson Sheehan	
Date 10/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jefferson French	Amount of contribution (\$) 10000	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 11500 Kempwood Dr Austin TX 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Software Consultant		Employer (See Instructions) MOB Consultant	
Date 10/20/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jade and Greg Ausley	Amount of contribution (\$) 50000	In-kind contribution description (if applicable)
Contributor address: City; State; Zip Code 13440 Shore Vista Dr Austin TX 78750		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Lenovo	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME Matt Sph / Lovell		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/21/14	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Date and Pat Bolla 6 Contributor address; City; State; Zip Code 7202 Foxtree Cove Austin TX 78750	7 Amount of contribution (\$) 2000	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) Retired		10 Employer (See Instructions) Retired	
Date 10/22/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Steven Moser Contributor address; City; State; Zip Code 8107 Mathlock Cove Austin TX 78729	Amount of contribution (\$) 2500	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) National Instruments	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Phil Fritz Contributor address; City; State; Zip Code 1600 Barton Springs Rd Austin TX 78704	Amount of contribution (\$) 5000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) IBM	
Date 10/23/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sandy Burton Contributor address; City; State; Zip Code 1709 Blue Bell Cedar Park 78613	Amount of contribution (\$) 5000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Pet Sitter		Employer (See Instructions) Self	
Date 10/25/14	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marvin and Jacqueline Kelly Contributor address; City; State; Zip Code 12505 Pintail Cove Austin TX 78729	Amount of contribution (\$) 10000	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) TC&F	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u>	
2 FILER NAME <u>Matt Stillwell</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10/22/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jason Striggs</u>	7 Amount of contribution (\$) <u>100⁰⁰</u>	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code <u>8021 N FM 620 Austin TX 78726</u>	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Mortgage</u>		10 Employer (See Instructions) <u>Prime Lending</u>	
Date <u>10/12/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Jenny Eisenhower</u>	Amount of contribution (\$) <u>350⁰⁰</u>	In-kind contribution description (if applicable) <u>photo studio time</u>
	Contributor address; City; State; Zip Code <u>12218 Old Stage Trail Austin TX 78750</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>photographer</u>		Employer (See Instructions) <u>self</u>	
Date <u>10/25/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rick Williamson</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>1102 S Austin Ave Georgetown TX 78626</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)	
Date <u>10/1/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rick Williamson</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>1102 S. Austin Ave Georgetown TX 78626</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)	
Date <u>9/30/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Brisdo Mireles</u>	Amount of contribution (\$) <u>100⁰⁰</u>	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code <u>9917 Majorca Dr Austin TX 78717</u>	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Retired</u>		Employer (See Instructions)	

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**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <u>7</u>	
2 FILER NAME <u>Matt Stillwell</u>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <u>10/1/14</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Terry Coole</u>	7 Amount of contribution (\$) <u>5000</u>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <u>3116 Golden Oak Circle Round Rock TX 78681</u>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) <u>Activist</u>		10 Employer (See Instructions) <u>None</u>	
Date <u>10/1/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Susanna and David Reiter</u>	Amount of contribution (\$) <u>15000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>10201 Wilky Way Austin TX 78730</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Business Owner</u>		Employer (See Instructions) <u>Self</u>	
Date <u>10/5/14</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>Howard Schain</u>	Amount of contribution (\$) <u>5000</u>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <u>2271 E. 71st St Brooklyn NY 11234</u>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) <u>Unknown</u>		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 0	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 9/26/14	5 Payee name US POSTMASTER
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6 Amount (\$) 220	7 Payee address; City; State; Zip Code CROSS PARK STATION AUSTIN TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) FEES	(b) Description (If travel outside of Texas, complete Schedule T) BULK RATE SETUP FEE <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/30/14	Payee name Office Max
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Amount (\$) 545.59	Payee address; City; State; Zip Code 11066 Pecan Park Blvd Cedar Park TX 78613
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) letters <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/30/14	Payee name Quik Print
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Amount (\$) 318.30	Payee address; City; State; Zip Code 12636 Research Blvd St B105 Austin TX 78759
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) envelopes <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/2/14	Payee name Got print
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Amount (\$) 448.11	Payee address; City; State; Zip Code 7625 N. San Fernando Rd Burbank CA 91505
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) pushcards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME Matt Stillwell	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/2/14	5 Payee name Earl Jones III
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6 Amount (\$) 1500.00	7 Payee address; City; State; Zip Code 11427 Ptarmigan Austin TX 78708
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Salaries/Wages	(b) Description (If travel outside of Texas, complete Schedule T) Campaign material <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/14	Payee name Texas Democratic Party
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Amount (\$) 225.00	Payee address; City; State; Zip Code 4818 E Ben White Blvd #104 Austin TX 78741
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Fees	Description (If travel outside of Texas, complete Schedule T) VAN Access <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/7/14	Payee name Got Print
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Amount (\$) 1140.99	Payee address; City; State; Zip Code 7625 N San Fernando Rd Burbank CA 91505
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expenses	Description (If travel outside of Texas, complete Schedule T) postcards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/9/14	Payee name US Postmaster
------------------------	------------------------------------

Amount (\$) 1420.00	Payee address; City; State; Zip Code Crosspark Station Austin TX
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising expense	Description (If travel outside of Texas, complete Schedule T) postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME Matt Stillwell	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/9/14	5 Payee name Super Cheap Signs
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6 Amount (\$) 1193.24	7 Payee address; City; State; Zip Code 9804 Gray Blvd Austin TX 78758
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) printing expenses	(b) Description (If travel outside of Texas, complete Schedule T) SIGNS <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/10/14	Payee name Office Max
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Amount (\$) 1010.16 \$30.16	Payee address; City; State; Zip Code 11066 Pecan Park Blvd Cedar Park TX 78613
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) paper <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/14	Payee name Got Print
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Amount (\$) 931.33	Payee address; City; State; Zip Code 7625 N. San Fernando Rd Burbank CA 91505
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) postcards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/11/14	Payee name Got Print
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Amount (\$) 1012.80	Payee address; City; State; Zip Code 7625 N. San Fernando Rd Burbank CA 91505
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) printing expense	Description (If travel outside of Texas, complete Schedule T) postcards <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME Matt Stillwell	3 ACCOUNT # (Ethics Commission Filers)
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4 Date 10/11/14	5 Payee name HEB
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6 Amount (\$) 58.80	7 Payee address; City; State; Zip Code 12860 N Hwy 103 Austin TX 78750
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8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) other	(b) Description (If travel outside of Texas, complete Schedule T) stamps <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/12/14	Payee name Spirit Halloween
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Amount (\$) 19.44	Payee address; City; State; Zip Code 9355 Research Blvd Austin TX 78750
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) props for video <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/14/14	Payee name Jonathan Borazjani
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Amount (\$) 23500	Payee address; City; State; Zip Code 9801 W Parmer Lane #133 Austin TX 78717
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages	Description (If travel outside of Texas, complete Schedule T) canvassing <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/15/14	Payee name Earl Jones III
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Amount (\$) 150000	Payee address; City; State; Zip Code 11427 Parmigan Austin TX 78758
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Salaries/Wages	Description (If travel outside of Texas, complete Schedule T) campaign management <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6		2 FILER NAME Matt Stillwell		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 10/17/14		5 Payee name US Postmaster			
6 Amount (\$) 2,200.00		7 Payee address: City; State; Zip Code Cross Park Station Austin TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) Postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/24/14		Payee name Jonathan Borazjani			
Amount (\$) 300.00		Payee address: City; State; Zip Code 9801 W. Parmer Lane #133 Austin TX 78717			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Salaries/Wages		Description (If travel outside of Texas, complete Schedule T) canvassing <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/24/14		Payee name Pirya			
Amount (\$) 136.90		Payee address: City; State; Zip Code 144 2nd St 1st Floor San Francisco CA 94105			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) donation fees for this period <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/20/14		Payee name Voter Activation Network			
Amount (\$) 322.08		Payee address: City; State; Zip Code 4818 E. Ben White Blvd #104 Austin TX 78741			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) Advertising		Description (If travel outside of Texas, complete Schedule T) Robocall <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES

SCHEDULE F

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|---------------------|-------------------------------|----------------------------------|--|
| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Loan Repayment/Reimbursement |
| Accounting/Banking | Legal Services | Solicitation/Fundraising Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Travel In District | Contributions/Donations Made By |
| Event Expense | Polling Expense | Travel Out Of District | Candidate/Officeholder/Political Committee |
| Fees | Printing Expense | Office Overhead/Rental Expense | OTHER (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 6	2 FILER NAME Matt Stowell	3 ACCOUNT # (Ethics Commission Filers)
4 Date 9/30/14	5 Payee name Facebook	
6 Amount (\$) 102.51	7 Payee address; City; State; Zip Code 1601 Willow Road Menlo Park CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising	(b) Description (If travel outside of Texas, complete Schedule T) facebook promotions <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/21/14	Payee name US postmaster
Amount (\$) 2500	Payee address; City; State; Zip Code cross park station Austin TX
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising
	Description (If travel outside of Texas, complete Schedule T) postage <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)
	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)
	Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held

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